

V. S. No. 2
50M-5-42
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 7 1943
Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 2326

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2316 Charlotte
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX (Specify whether
In this community 45 years years, months or days)

3. (a) PRINT FULL NAME THOMAS HENRY POTTER
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Caloleah Potter 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased November 6 1858
(Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 13 If less than one day
hr. _____ min.

9. Birthplace Dallas County Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Contractor

11. Industry or business Landscaping

12. Name William Potter

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Manda Wilkerson

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Potter

(b) Address 2324 Charlotte

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Wagner Jun Home
(b) Address Kansas City, Mo.

19. (a) 5-20-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2316 Charlotte
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th
year 1943 hour 8: minute 30 P.M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis heart disease
Due to 935
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Myocardial infarction

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Chen (M.D. or other) _____

Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

A. R. Haunsehl

Licensed Embalmer No.

4159

P. O. Address.....

Honolulu Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.